

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012072

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 201

Primary Registration District No. 3048

Registrar's No. 106

FILED APR 9 1962

1. PLACE OF DEATH

a. COUNTY

Nodaway

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Maryville

Length of stay in 1b

5 wks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St Francis Hosp

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

N.D.

b. COUNTY

✓

admission)

c. CITY

OR TOWN

Wansford

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

John H. Olliges

4. DATE OF DEATH

3-26-1962

5. SEX

male

6. COLOR OR RACE

Co.

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11-17-1882 79

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Piquette, Kans

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Nicholas Olliges

13b. MOTHER'S MAIDEN NAME

Anna Reuter

14. NAME OF HUSBAND OR WIFE

Eva Lawson Olliges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

32 John Gallagher, Ravenwood Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma Lung

INTERVAL BETWEEN ONSET AND DEATH

< 1 yr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct 1961 4 p. Monday and last saw her alive on 3/25/1962 Death occurred 4 p. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-28-1962

23c. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cem.

23d. LOCATION (City, town, or county)

Ravenwood Mo.

(State)

24. FUNERAL DIRECTOR

Atchison-Maryville, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

3-31-62

26. REGISTRAR'S SIGNATURE

Beas Holt

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

1745

28330

3

4 0

5 2

6

7 1

8 0

9163X

10

11

122-0

131-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

G. M. Chisum

Licensed Embalmer No.

P. O. Address

2279
Hopewell Rd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.